

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007719

STATE FILE NUMBER

Registration District No. 224

Primary Registration District No. 5792

Registrar's No. 9

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 19 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
06 80						
206 80,						
3						
4 0						
5 1						
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9434.1						
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11						
12 90-2						
13 1-0						
ITEM NO.	SHOULD READ					

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN TOWNSHIP		c. CITY OR TOWN Jamestown	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. North Jamestown, Mo.		d. STREET ADDRESS (If outside, give location) 3 Mi. North Linn Township	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BERT HAMPTON		4. DATE OF DEATH February 7, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Family Farm	
11a. BIRTHPLACE (City and state or country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alex Hampton		13b. MOTHER'S MAIDEN NAME Molly Smith	
14. NAME OF HUSBAND OR WIFE Maggie Leonard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Maggie Hampton, Jamestown, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line. PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Pulmonary Edema Constrictive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 5 days 7 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Generalized Atherosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-1-55 to 2-7-63 and last saw him alive on 2-5-63 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. Young (Degree or title)	
22b. ADDRESS Jamestown, Mo.		22c. DATE SIGNED 2-8-63	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Feb. 9, 1963	
23c. NAME OF CEMETERY OR CREMATORY Grace Methodist Cemetery		23d. LOCATION (City, town, or county) (State) Jamestown, Missouri	
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri		25. DATE RECD. BY LOCAL REG. 2-11-63	
26. REGISTRAR'S SIGNATURE Helen L. Pope			

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.